NHS

NHS System Planning

2024/25 Operational Plan

Full plan

v18/07/24

Contents

○ Personalisation	3
○ Health Inequalities & Prevention	6
○ Primary Care, Communities & Social Value	10
○ Urgent & Emergency Care	16
○ Planned Care & Diagnostics	18
○ Cancer	23
○ Local Maternity & Neonates System	25
○ Children & Young People	28
○ Mental Health & Dementia	31
○ Learning Disabilities & Autism	38
○ Medicines Optimisation	40
○ People & Workforce	42
○ Digital, Data and Technology	46
○ Estates and Greener NHS	48
○ Quality & Safety	50
○ Use of resources	52

KEY	
	National objectives and actions, as set out in the 2024/25 priorities and operational planning guidance
	System objectives and actions, as set out in the JFP Delivery Plan 2023-28

2024/25 plan | Personalisation

Objectives	Projected 2024/25 position
Lincolnshire's health, care and VCSFE leadership recognise the importance of a personalised approach and consistently supports its adoption and act as role models for change	By April 2025 we will work with identified senior leaders to showcase best practice and challenge barriers to implementing personalised care across Lincs ICS
People with lived experience and experts by experience are integral to the design, governance, delivery and review of care and health services.	By April 25 BLLLT and the ICP Board have committed to a shared Co – Production Strategy.
	By April 25 co-production with people with lived experience are part of service redesign in 5 programmes: frailty, MSK, SMI physical health checks, Social Prescribing, ACCW (LCC)
There is strong evidence the public and the workforce have an awareness and understanding of Our Shared Agreement, and there are examples of where this is being brought to life.	By April 25 there is evidence of the Our Shared Agreement being referenced by colleagues across the health and care system
	By April 2025 we will expand the pool of people who are able to discuss the OSA with others, capturing their views, experiences, feedback and together starting to bring it life for staff and the public
	By April 25 OSA and the 5 foundations are built into all service redesign work identified through the programmes of work the IAAP and CPP teams are involved with.
Personalisation and strengths-based approaches are recognised across all parts of the health and care system, including infrastructure services.	By April 2025 the Personalisation learning and development programme is embedded in the core skills and education programme for frailty
	By April 2025 there is a clear understanding of what personalisation and strengths-based approaches training is included in all levels of Lincolnshire further education
	By April 2025 Personalisation and Strengths based approaches is included in the clinical strategies / operational plans for NHS and Adult Care services
We have 'what matters to me' conversations with people, to find out their strengths and what they want to achieve and for some people work together to develop their Personalised Care and Support Plans	By April 2025 over 45000 people will have had a what matters to me conversation and completed a PCSP.
	By April 2025 the early adopter PCN's (frailty) will ensure people are supported to complete a PCSP which includes what matters to the person, agreed outcomes and goals and an escalation plan.
We work in partnership with others to make sure that all our services work seamlessly together from the perspective of the person accessing services	By April 2025 the IAAP Hub framework will have been co – produced with partners and people with lived experience, using the learning and sharing through PDSA cycles, such as the Grantham Aches and Pains hub.
Shared Decision-Making and strength-based conversations are recognised and endorsed as best practice across the ICS, enabling more people to understand the benefits, harms and possible options available to them.	By April 2025 people on the hip and knee pathway report that the Decision Support Tool helped them come to an informed decision about their treatment.
	By April 25 all clinical staff involved in service redesign work that we are involved in will feel confident enough to have SDM conversations with people.
People including workforce recognise and understand the value of connecting into their local communities	By April 25 over 25,000 people* will have been referred to social prescribing services since 2019.
People feel able to take responsibility for their own care/health as much as they can, and are able to self-serve/self-assess where appropriate	By April 2025, 75% of people who complete a PAM and have their treatment/support tailored will see an improvement in their knowledge, skills and confidence to manage their own health and wellbeing.

2024/25 plan | Personalisation

Actions	
Culture and Behaviour: Our Shared Agreement (OSA) and Co – production	**Our Shared Agreement :** Co – Production of a resource and delivery plan for 24 /25
	Embedding into the Community Primary Partnership programme
	Extending the reach of the OSA
	Creation of OSA assets / bringing it to life for people
	Evolving the use strengths- based language across the ICS
	Co – designing a Co – Production framework for Lincolnshire's ICS that is fully resourced, and includes a implementation and delivery plan.
	Completion of the LCC Co Production strategy, which will be embedded in the wider ICS strategy.
Workforce Development	Developing a Personalisation and Strength based curriculum that is included in statutory sector induction and mandatory training
	Co-Produced learning and development programme (Personalisation, SDM, PCSP, SBA, MI, OSA) – Test and learn in Frailty
	Train the Trainer programme – Co Produced (Personalisation, Shared Decision Making, Personalised care and support planning , Strengths based approaches, motivational interviewing, our shared agreement)
	Creating a space for reflective practice and action learning (Person centred learning network, personalisation Huddles, Personalised Roles society)
Communication and marketing campaign – creating a social movement	Development and implementation of a communication and marketing plan
	Development of a suite of Personalisation and OSA Assets
	IAAP Conference 24
	Launch and roll out of It's all about People Champions
	Implementing and evaluating the 'Just ask' campaign in the MSK pathway
Toolkit/Resource Development	Co - creation of an interactive 'how to' guide and options to embedding personalised and strengths-based approaches (web based)
	Embedding Personalised Care and Support Planning across the ICS – including a digital solution
	Extending the use of Patient Activation Measure to understand impact and evaluation
	Extending the use of Decision Support Tools to understand impact and evaluation
	Ongoing roll out of Strengths based approaches and Technology Enabled Care (LCC) – extending the reach into health

2024/25 plan | Personalisation

NHS

Actions (cont.)	
Service redesign: Embedding personalised and strengths-based approaches	Recruiting to Co - production groups;.
	Supporting the Frailty early adopter PCN's in embedding personalisation and strength-based ways of working, alongside health inequalities and PHM.
	Impact and evaluation framework to be tested out through the frailty work
	Developing a Lincolnshire framework for 'hub's that support personalised ways of accessing health and community services, using the learning and evaluation from the Grantham Aches and pains hub, wellbeing hubs and PCN pop up events.
	Scoping and baseline setting for personalised approaches in 2 service redesign areas SMI physical health checks and transfer of care hubs. (case for change, TNA, IAAP maturity assessment, outcomes)
	PDSA methodology : embedding strength-based personalisation approaches (transfer of care hubs & SMI Physical health checks)
	Exploring new ways to contract and commission Personalised Care through outcomes measures
	Processes and procedures are reviewed and amended to support working in a Personalised and strength-based way
	Increasing the personalised use of direct payments across adult social care (LCC) , and sharing the learning across the ICS.
Social prescribing	Working with partners to develop a shared vision and plan of social prescribing that considers the two procurement exercises that are underway – ICB Social Prescribing link workers and LCC Wellbeing Lincs
	Part of the Primary Care social value and community's programme / portfolio :Supporting the re-commissioning Social Prescribing Link Workers in Lincolnshire.
	Working with partners to develop a shared long term vision for Social Prescribing and community based support
	Social Prescribing : Involvement in co–design of the commissioned social prescribing offer in Lincolnshire.
Impact and Evaluation Work	Completion of the co – produced Personalisation evaluation and impact framework that will identify an agreed set of short-, medium- and long-term outcomes
	Implementation of the impact and evaluation framework in the IAAP programme plus further opportunities to explore where it could be used
	Co – design of a qualitative, quantitative approach to using peoples stories / case studies to demonstrate impact.
	Building Personalisation and strengths based approaches into the LACE processes for deep dive reviews

2024/25 plan | Health Inequalities & Prevention

Objectives		Projected 2024/25 position
Prevention	Increase the % of patients with hypertension treated according to NICE guidance from the most deprived population (data source: CVD Prevent, January 2023 to December 2023).	Increase from 65.2% of those in the most deprived (IMD Decile 1+2) to 67% by March 25. Currently the result for the least deprived quintile 71.6%
	Increase % of patients 40-59 aged years whose last BP reading is below age-appropriate treatment threshold	Increase from 58% to 61% for working age adults (40-59 yr olds)
	Increase the % of patients with hypertension who last blood pressure reading is below the age-appropriate treatment threshold	Overall population - increase from 76.7% to 80% by March 25 (QOF is 77%)
	Increase the percentage of patients aged 25–84 years with a CVD risk score greater than 20% on lipid lowering therapies	Currently at 60%. Target - 65% by March 25
	Increase vaccination uptake for children and young people year on year towards WHO recommended levels	MMR 1 dose at 2 years old – currently at 90%. Target for 24/25 92% (WHO Target 95%) 2 doses at age 5 – currently at 85%. Target for 24/25 88% (WHO Target 95%)
	• Reduce the prevalence of smoking across all social groups to meet the national smokefree 2030 ambition	Decrease from 13.3% to 12.8% by March 25
	• Reduction in smoking among people with a severe mental illness from 40% to 35%	Decrease from 40% to 35% by March 25

2024/25 plan | Health Inequalities & Prevention

Objectives		Projected 2024/25 position
Address health inequalities – deliver on Core20PLUS5 approach, for adults and children and young people	• Reduction in the gap of take up for childhood immunisations in areas of greatest deprivation and ethnic groups • Reduction in the gap of adult seasonal vaccinations i.e. Covid, flu & pneumonia vaccination in areas of greatest deprivation and ethnic groups	Current difference is 10 percentage points between IMD 1 and 10 Target to close the gap to 6 percentage points by March 25 Current difference is 16 percentage points between IMD 1 and 10. Target to close to 11 percentage points by March 25
	• Increase in uptake of faecal immunochemical tests by 3% for 4 selected G.P Practices	Marsico - Increase from 66% to 67% by March 25 Beacon – Increase from 66% to 67% by March 25 Hawthorn - Increase from 64% to 65% by March 25 Caskgate - Increase from 60% to 61% by March 25
	• Increase achievement of all 6 Health checks for people with SMI in areas of greatest deprivation from 47% to 60%; increase access by ethnic groups by 2028	Increase from 47% to 50% in most deprived quintile by March 25
	• Increase achievement of reliable improvement for Talking Therapies in areas of greatest deprivation from 63% to 70% (to the level experienced in the least deprived) and increase access to NHS Talking Therapies for ethnic groups by 2028	Increase from 63% to 65% by March 25
	• Reducing the difference in the premature death rate (under-75) between the 20% most deprived to the 20% least deprived (from cardiovascular disease mortality.	No expected change in 24/25
	• NDPP: No. of referrals as per NHS trajectory (5,200 by March 25) with 50% converting to MS1 • Increase % of adults on obesity register accessing healthy lifestyle offer(s) from 11% to 13% by 2028; • 5% increase in uptake to the Digital Weight Management offer and Diabetes Prevention Programme in areas of greatest deprivation and targeted population groups by 2025	Diabetes Prevention Programme – Increase referrals from 10% of all referrals to 15% of all referrals in the most deprived quintile. Digital Weight Management Programme – 112 referrals in the 23/24 period. Target of 1000 referrals by March 25. Referrals should be proportionate from the most deprived quintile.
	• Reduction in the gap in people with Type 1 and Type 2 diabetes receiving all 8 care processes in areas of greatest deprivation and targeted population groups by 2028	Type 1 diabetes - current difference is 11.3 percentage points between IMD quintile 1 and 5 Target to close the gap to 10 percentage points by March 25 Type 2 diabetes - current difference is 9.4 percentage points between IMD quintile 1 and 5 Target to close the gap to 8 percentage points by March 25
	• A five-year rise in healthy life expectancy by 2035, with a narrower gap between local areas where hit is highest and lowest	No expected change in 24/25

2024/25 plan | Health inequalities & Prevention

Actions	
Embedding a system approach to health inequalities	Update plans for the prevention of ill-health and incorporate them in JFPs, with a particular focus on improving outcomes for the Core20PLUS5 populations and NHS England's high impact interventions for secondary prevention
	Continue to deliver against the 5 strategic priorities for tackling HIs, publish joined-up action plans with system partners to address HIs & implement Core20PLUS5 approach
	Health Inequalities Strategy signed off by ICB Board
	Delivery of the Annual Health Inequalities Training Plan
	Develop network of Health Inequalities Champions
	Roll out the Health Equity Assessment Toolkit to provider trusts
	Scoping next steps to support the Health Inequalities lens to resource allocation
HI performance and intelligence	Improve data quality, capture, and insights of protected and health inequalities characteristics
	Evaluate use of Lincolnshire CORE20PLUS5 Health Inequalities Dashboard (Adults) and scope phase 2
	Scope Lincolnshire CORE20PLUS5 Health Inequalities Dashboard (Children and Young People)
	Joint development of Virtual Health Inequalities Hub with Lincs County Council
	Further develop Population Health Management Reporting Suite (PHMRS) Health Inequalities elements and CORE20PLUS5 tab
	Quarterly update of the Health Inequalities Legal Duties performance report for regular ICB committees/programme boards
HI in clinical areas and cross cutting themes	HI within Elective Care CYP missed appointments project with ULHT - solutions co-produced and implemented
	HI within Bowel cancer screening project - solutions co-produced and implemented
	Scoping HI & Transport
	SMI Health Checks project focussing on HI (highlighted in legal duties)
	MMR vaccination project with selected PCNs to reduce HI
	Investigate whether specific HI issues within these services: Diabetes prevention, LTC support (access/experience/outcomes) and LD Health checks.

2024/25 plan | Health inequalities & Prevention

Actions	
Prevention	Support early adopter PCNs to embed HI and Prevention lens in delivery of frailty plans working with PHM and Personalisation
	Support scoping of targeted lung health check programme with a focus on access i.e. transport, Plus and inclusion health groups
	Set up and lead system weight management steering group
	Work with Primary Care and Communities Programme to scope and complete needs assessment for provision of Tier 3 Weight Management Services within Lincolnshire
	Project to support age related HI (highlighted in legal duties) in relation to BP reading of age-appropriate treatment threshold
	Work with Primary Care and Communities Programme to increase the number of people with Type 1 and Type 2 diabetes receiving all 8 care processes in areas of greatest deprivation and targeted population groups by 2028

2024/25 plan | Primary Care, Communities & Social Value

NHS

Objectives		Projected 2024/25 position
Integrating Primary Care	Continue to improve the experience of access to primary care, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within 2 weeks and those who contact their practice urgently are assessed the same or next day according to clinical need	Deliver 5,371,967 appointments in General Practice (excluding covid vaccinations).
		85% of patients, with an identified clinical need for an appointment, to receive one within 2 weeks of their contacting their practice by March 2025
		All patients will be able to communicate with someone within their practice, either virtually or via telephone, on the day they contact them and know how their enquiry has been dealt with by March 2025
		100% of practices have enabled online patient appointment booking and cancelling, repeat prescriptions and access to care records by March 2025
		100% of GP practices using CBT or system with the same functionality by October 2024
		100% of practices using high quality online consultation tools by April 2025
	Increase dental activity by implementing the plan to recover and reform NHS dentistry, improving units of dental activity (UDAs) towards pre-pandemic levels	Deliver 1,070,025 units of dental activity over 2024/25
	Transformation	• Facilitate a big conversation between General Practice and its key stakeholders, including the public to gain a shared understanding of the future of General Practice to support development of the GP strategy
		• Implement national General Practice pilot programme by 2026
		• Integrated Primary Care Strategy completed by June 2025
	Vaccinations	• Access: new delivery model in place & co-administration of vaccines the default model by April 2025.
		• Uptake: Meet all vaccination uptake targets by March 2027; Identify variation in uptake between PCNs and develop and implement mechanisms to close the uptake gap, focusing on continuous improvement and learning by March 2027

2024/25 plan | Primary Care, Communities & Social Value

Objectives		Projected 2024/25 position
Integrating Community Partnerships	Additional Roles Reimbursement Schemes (ARRS)	• Lincolnshire will have 392.50 WTE ARRS roles in place (this is Lincolnshire share of the 26,000 WTE manifesto commitment) by March 2024. At Month 8 Lincolnshire has 496.64 WTE, well above the end of year target.
	High intensity Users	• 3 PCNs will be offering a High Intensity User Service by March 2025; By June 2024 we will have reviewed other HIU provision to ensure it is in line with the national HIU framework
	Social Prescribing	• A refreshed Social Prescribing model to be developed and commissioned from 1st April 2025
	Primary Care Networks	• All PCN will have in place agreed objectives, aligned to system objectives by December 2024
		• All PCN managers will have undergone a Leadership Programme delivered through an independent specialising in PCN Manager development by March 2024
	Partnerships	• Strategic partnership model between ULHT/Primary Care/ICB agreed by March 2025
		• Strategic partnership model with VCSE (LVET) agreed by March 2025
		• Model of MDT working in place in every PCN by March 2027
		• Integrated delivery models in place for community therapy and nursing in every PCN by March 2027
		• Implement quality framework across all PCNs by March 2027

2024/25 plan | Primary Care, Communities & Social Value

NHS

Objectives		Projected 2024/25 position
Integrating Community Care	All community services	• Improve community services waiting times, by reducing over 52 week waits by 80% by March 2025
	Frailty	• Reduce progression by 5% by 2028
		• Reduce the growth in numbers of beds by 70 beds by 2028
	Enhanced health in care homes	• Reduce unplanned admissions of people living in a care home by 5% by 2026
		• 90% of people living in a care home to have a PSCP in place by 2026
	Palliative & end of life care	• 70% of people in the last year of life to have a care plan by December 2025, 80% by December 2026
		• 65% of patients identified as being for palliative or end of life have a ReSPECT conversation recorded at least 6 months before the end of their life by March 2026
		• 10% less people in their last year of life have an unplanned admission by 2026
	Falls	• 70% of high-risk fallers will have received a holistic falls assessment by December 2026
		• 10% more patients stay at home post fall response by December 2025 Is this UEC?
	CVD	• 85% of the expected number of people with AF are diagnosed by 2029
		• 80% of expected number of people with hypertension are diagnosed by March 2025
		• 80% of people diagnosed with hypertension are treated to target as per NICE guidelines by March 2025
	Diabetes	• NDPP – No. of patients referred to service and No. of patient who achieve at least the first milestone on the programme (contract ends Nov 25):
		• Remission - 250 patients per year/ 500 24/25 and 25/26
	Respiratory	• Increase the number of patients with a diagnosis of COPD accessing pulmonary rehabilitation by 5% by December 2025
		• % COPD patients where diagnosis confirmed by spirometry (% and delivery date TBC)

2024/25 plan | Primary Care, Communities & Social Value

NHS

Actions		
Integrating Primary Care	Access	• Implement Modern General Practice Access - all practices will: use high-quality digital tools to enhance digital access, information gathering, prioritisation & appointment management; use high-quality cloud-based telephony; establish a full understanding of demand and capacity
		• Deliver on the 4 key areas of primary-secondary care interface set out in the primary care access recovery plan: onward referrals, complete care (fit notes and discharge letters), call and recall and clear points of contact; Every trust should have a designated lead
		• Implement the dental recovery plan
		• Maintain and develop BAU elements of primary care commissioning: general practice, dental, pharmacy and optometry
		• Foster and develop Leadership across and communication between the LMC, LPC, LDC and LOC
		• Increase the use of community pharmacies for lower acuity conditions e.g. increasing uptake of Pharmacy First plus expanded blood pressure and oral contraception services
		• Empower patients to manage their own health by providing them with technology and information
		• Improve access to urgent same day primary appointments and planned appointments in line with national guidance and Lincolnshire ambitions.
		• Improve productivity and reduce time wasting activities across primary care
		• Improve collection, accuracy and utilisation of primary care data
	Developing partnerships to support primary care integration	• Design and implement new sustainable model/s of integrated primary care
		• Deliver the Primary Care People Plan
		• Develop a Lincolnshire framework for enhanced services
		• Enhance our primary care estate and develop our digital capabilities
		• Transform the conversation between primary care, its key stakeholders and the public by through a comprehensive programme of comms, engagement and co-production as part of the delivery of the GP strategy
	Vaccinations	• Develop & implement a Lincolnshire-wide Vaccine Strategy to deliver the ambitions detailed within of the newly published National Strategy
		• Enable the ICB to assume delegated commissioning responsibility
		• Support providers to develop an integrated staffing model

2024/25 plan | Primary Care, Communities & Social Value

Actions		
Integrating Community Partnerships	PCN Development	• Develop different ways of working at PCN level to enable demand to be managed and/or capacity to be released and support improved access
		• Fully implement the PCN DES with a view to supporting improvements to population health via proactive identification, care coordination and case load management of patients with longer-term health and social care needs,
		• Further enhance leadership capability and capacity across the PCNs
		• Continue to implement ARRS roles
		• Develop and implement integrated pathways of care across primary and community care for therapy and nursing services to meet the specific needs of PCN populations
		• Implement delivery plans for High Intensity Users and Social prescribing
		• Build, implement and evaluate a Lincolnshire wide Quality Framework
	Integrating Care	• Improve the alignment of relevant community services to the primary care network footprint – the initial focus will be on delivering proactive care to the most complex & vulnerable patients
		• Implement case management and care co-ordination model to support delivery of PCN integrated primary and community teams
		• Further develop the role of integrated neighbourhood teams, in line with the Fuller recommendations, with a view to enhancing the delivery of multi-disciplinary, multi-agency personalised care and improved patient outcomes and experience for the most complex patients
		• Deliver Integrated community teams (community nursing & community therapy)
		• Develop and implement the Integrated Communities Strategy
		• Codesign and implement a framework for working in partnership with the voluntary sector

2024/25 plan | Primary care, Communities & Social Value

Actions		
Integrating Community Care	All community services	• Develop a comprehensive plan by June 2024 to reduce the overall waiting times for community services, including reducing waits over 52 weeks for children's community services
		• Support the implementation of faster data flows, submitting timely, accurate data to provide a better understanding of long waits
		• Implement best practice models in community services to improve patient outcomes & secure better value (e.g. care of leg ulcers)
	Start Well – Children & Young People	• Implement annual sight tests within special day and residential schools and dental checks within special residential schools during 2024/25
	Ageing well – Older age	• Implement the Lincolnshire Frailty Strategy and associated delivery plans
		• Fully delivery the local Lincolnshire and national aspirations for the Enhanced Health in Care Homes (EHCH) programme
		• Fully implement the Lincolnshire-wide Palliative and End of Life integrated care model rooted in primary care facilitating 24-hour access to planned and responsive community-based care via a single point of access in line with agreed care plans supported by a strategic commissioning framework.
		• Deliver the recommendations outlined by GIRFT and the proactive/primary care elements of the Lincolnshire Dementia strategy including the recovery of the dementia diagnosis rates. This work is led by LPFT
		• Implement the Lincolnshire Falls pathway: people with the potential of falling are proactively identified and are proactive managed by timely and effective multi-disciplinary interventions including an effective falls response.
	Long Term Conditions – Working age	• Develop, embed and evaluate a Lincolnshire-wide Long-Term Condition Strategic Framework with a view to supporting: Prevention and management of risk factors; Early and accurate complete diagnosis; Proactive care; Clinical Pathway Review; Integrated pathways of care;
		• Deliver Transformation, Targeted and Transactional programmes of change in line with national "must do's" & guidance, best practice and local clinical priorities: Major conditions identified in the NHS LTP – cardiovascular disease including Stroke, Diabetes and Respiratory
		• Deliver Transformation, Targeted and Transactional programmes of change in line with national "must do's" & guidance, best practice and local clinical priorities: Other long-term conditions where opportunities are identified

2024/25 plan | Urgent & Emergency Care

Objectives	Projected 2024/25 position
Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025	• 74% in M1, 75% in M3, 76% in M6, 77% in M9 finishing at delivery of 78% in M12
Improve Category 2 ambulance response times to an average of 30 minutes across 2024/25	• Handover trajectory agreed as part of EMAS contract negotiation which meets the requirements for EMAS delivery of the 30min Target. • Overarching plan in place for delivery of the 30min target at ICB level for 24/25 • EMAS improvement plans include a focus on post-handover delays.
Improved patient experience: Reduction in complaints from patients and professionals, reduction in long waits in EDs and in community for ambulance attendance. Reduction in the number of patients accessing acute services via EDs	• Reduced number of patients waiting 12 hours in departments, with a focus on eliminating over 6 hour waits. Continued investment in front doors including all age rapid assessment. • Increased use of SDECs and alternatives to EDs both on acute sites and in community. • Delivery of Ambulance Handover trajectory to reduce long wait for ambulances.
Improved patient outcomes: increase in the number of patients returning to their own home, reduction in long term care requirements, reduction in incidents reported within the UEC pathways	• 81% of discharges will be pathway 0 (simple/ unsupported) with 13% of discharges being pathway1 supported to return to their own home directly with support, 3% pathway 2 and 3% pathway 3.
Reduction in readmissions: fewer patients requiring re-admission following discharge from hospital	• The system discharge improvement plans and Transfer of Care Hub development plan will support patients being discharged at the right time with the right support, supporting a reduction in the level of re-admissions within 30 days. Investment continues in voluntary sector discharge support.
Supporting care closer to home: increase in the number of patients supported at home avoiding attendance at ED or hospital admission	• System focus on supporting people in their own home as an alternative to EDs and UTCs. 172 VW beds will be provided with 80% occupancy. And average of 327 UCR referrals each month will support people in a timely manner. • Where patients do attend acute SDEC services will be maximised as an alternative to admission with an average of 905 SDEC attends per month planned. • The development of the discharge lounge will support patients to be discharged home from ED without delay.
Reduction in acute length of stay and acute bed occupancy	• >21-day length of stay in Lincolnshire already better than regional average but planned for further 0.1% improvement in 24/25. • The 24/25 average acute bed occupancy planned is 92.14%, but changes each month based on 23/24 outturn and seasonality. • Maximising community hospital capacity to support system flow, with 91.5% community bed occupancy rate. • Investment continues into Active Recovery Beds to further support patients home.
Workforce and financial impact: reduction in agency/bank and locum spend	• Investment of UEC and BCF Discharge allocations into services such as SDECs and Discharge Lounge will reduce reliance on agency and locum staff and associated costs. [See People & Workforce section P42-45].

2024/25 plan | Urgent & Emergency Care

Actions
Maintain acute G&A beds ≥ 2023/24 plans: Core G&A beds - 978; Escalation beds - 32; Surge beds - 17 for months 8-12; G&A bed occupancy (adult & paediatric) – 91.5%
Improve access to virtual wards: Capacity plan – 172; utilisation planned at 80%, with a focus on frailty, acute respiratory infection, heart failure and Complex Neuro
Expand bedded and non-bedded intermediate care capacity: 200 community beds; 91.6% occupancy with continued Active Recovery Bed Provision
Maintain ambulance capacity and support the development of services that reduce ambulance conveyance to acute hospitals.
Focus on reductions in: admitted & non-admitted time in emergency departments (including MH patients); # of patients who are still in hospital beyond their discharge ready date and length of delay; ambulance handover delays; length of stay in community beds
Maintain clinically-led system co-ordination centres
Increase and standardise referrals to and the capacity of UCR services: 3,922 referrals in 2024/25 (average of 327/month)
Ensure all Type 1 providers have an SDEC services in place at least 12 hours a day, 7 days a week and an acute frailty service in place at least 10 hours a day, 7 days a week: seeing c30 patients/day; 10,866 over 2024/25
Bring together multidisciplinary teams to create a single point of access to provide an integrated care co-ordination (ICC) service – supporting access to UCR, ARI hubs, falls services, SDEC, acute frailty services & virtual wards; supporting GPs and integrated neighbourhood teams to manage the escalation of patients with urgent and complex needs at home (including care homes)
Progress the 10 UEC high impact initiatives; ensure that the specific needs of CYP and patients with mental health needs are explicitly addressed and expand coverage of high intensity use services
Ensuring achievement of key performance standards: Programme of work with executive oversight to deliver the 4-hour standard & improve the 12 hour wait in ED position; Focus on reducing conveyance & increased support to patients in community (review of community pathways of care and single point of contact provision to ensure integration of services that support people in their own homes & increasing availability of alternatives to ED). Improving the efficacy of Virtual Wards - ensuring that the requisite specialist community provision and digital infrastructure is in place. Maximising the use of SDECs
Mental health: Working with the Adult & CYP Mental Health programmes. e.g. 111 option 2, Boston CYP Crisis expansion
Frailty: Working with the PCCSV programme on supporting the frail cohort, nursing and care homes and end of life care, with an integrated approach to deliver of the frailty integrated care pillar UEC-focussed frailty initiatives include Frailty SDECs & Frailty Assessment Units, Frailty VWs and Falls.
Lincolnshire system approach to Intermediate care: Exploring joint commissioning opportunities & making best use of available resources (including BCF discharge funding). Moving towards a system-wide and outcome-based model which prevents unnecessary acute hospital admission, supports timely discharge and maximises independent living through reablement & rehabilitation.

2024/25 plan | Planned Care

Objectives		Projected 2024/25 position
Waiting list reduction	Eliminate waits of over 65 weeks for elective care as soon as possible	Eliminated by September 2024 (except where patients choose to wait longer or in specific specialties)
	Deliver (or exceed) the system specific activity targets, consistent with the national value weighted activity target of 107%	ULHT - 113% and Other NHS - 105% of 19/20; ISP c.95% of 23/24 outturn; ERF is 111%.
	Improve patients' experience of choice at point of referral	EACH and e-Referral Service reports; EACH Practice utilisation reports and Practice visits.
	Reduction of 52-week waits	Eliminated by March 2025
Outpatients	Increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff to 46% across 2024/25	Achieve 46%
	Patient Initiated Follow Ups (PIFU): maximising utilisation where PIFU is already live; explore where it can be rolled out to the smaller specialties; explore opportunities to utilise available system funding for Remote Patient Monitoring	5.8% by March 25
	Increasing Clinic Utilisation: Implement the 6-4-2 process for booking patient slots; Expand directly bookable functionality to all major specialties and use full digital functionalities to reduce Missed Appointments	Increase clinic utilisation to 95%
	Ensure referrals to secondary care are appropriate, including through increased use of advice & guidance	Continue to perform better than the national specialist advice target of 16% of new outpatient attendances (ULHT February position was 19.6%); and work towards increasing the provider level usage
	Improve patient and list management, including consistent application of the referral to treatment (RTT) rules suite, utilisation of the national access policy and a strong focus on validation, so that at any time at least 90% of patients waiting over 12 weeks are validated	Increase pathway validation for patients waiting >12 weeks to reduce current waiting list and continue direct patient contact via the EACH to determine if appointment still required.
	Significant expansion of patient choice at the point of referral - actively encouraging access to non-local NHS providers or the independent sector where this can shorten wait times for patients	Patients offered a choice of 5 providers where appropriate
High Volume Low Complexity & Day Case Rates	Make significant improvement towards the 85% day case and 85% theatre utilisation expectations where these are not already being met, using GIRFT	Increase clinic utilisation to 95%; reducing DNA levels to 6% Increasing Capped Theatre utilisation to planned trajectory remaining focussed on the 85% target

2024/25 plan | Planned Care

Actions	
Waiting list reduction	Make significant improvement towards the 85% day case and 85% theatre utilisation expectations where these are not already being met, using GIRFT
	Ensure referrals to secondary care are appropriate, including through increased use of advice and guidance (A&G)
	Improve patient and list management, including consistent application of the referral to treatment (RTT) rules suite, utilisation of the national access policy and a strong focus on validation, so that at any time at least 90% of patients waiting over 12 weeks are validated
	Significant expansion of patient choice at the point of referral, with patients offered a choice of 5 providers where appropriate. Implement a system level plan for patient choice which ensures compliance with the regulatory requirements and raises the profile of patient choice. Promote the use of the Elective Activity Coordination Hub (EACH) which offers choice to all planned care patients both at point of referral.
	Eliminate 65 week waits by September 2024 and 52 week waits by March 2025; Mutual aid will continue to be delivered predominantly from independent sector providers for challenged specialties.
	Increase Activity. ULHT will develop an overall clinical service strategy and establish a rolling programme of specialty clinical service strategies; Expand implementation of Getting It Right First Time (GIRFT) programme to other specialties; Expand the range of services and procedures to be delivered in the community and moved away from secondary care; Work with independent sector providers to deliver additional capacity where there are challenged specialties at our NHS providers; Expand the programme of out-patient transformation and theatre utilisation to maximise capacity and efficiencies to reduce waiting times; Maximise capacity at the recently accredited Grantham Surgical Hub using HVLC principles.
	Demand Management: .Review to determine the future priorities of the EACH for 2024-28 to maximise on opportunities to re-direct to more appropriate services; promoting self-care and increasing activity within community services

2024/25 plan | Planned Care

NHS

Actions	
Outpatients	Shift the balance of outpatient activity towards clock-stopping, ensuring that the wait to first appointment continues to reduce - systems to deliver a 4.5 % improvement against their 2022/23 baseline up to a maximum local ambition of 49%5
	Virtual Consultations: Monitoring on a specialty level to ensure those specialties who are not meeting the target increase their virtual consultation usage
	Patient Initiated Follow Ups (PIFU): maximising utilisation where PIFU is already live; explore where it can be rolled out to the smaller specialties; explore opportunities to utilise available system funding for Remote Patient Monitoring
	Specialist Advice: Reviewing response times by specialty for A&G through e-RS for all providers – address where this is outside of the 48-hour response period.; review the conversion rates of A&G to referral; development of an A&G tracking tool by ULHT to support specialities not hitting the 16%.
	Increasing Clinic Utilisation: Implement the 6-4-2 process for booking patient slots; Expand directly bookable functionality to all major specialties and use full digital functionalities to reduce Missed Appointments
High Volume Low Complexity & Day Case Rates	ULHT theatre productivity programme: increasing day case rates, increasing theatre utilisation and improving pre-operative assessment.
	Gateway reviews and action planning for all six HVLC specialties, working with the GIRFT team
	Grantham surgical hub : the intention over the next 4 years is to increase the range of specialties and procedures that take place in the hub and to support neighbouring systems with their elective recovery. Increase day case surgery rates to ensure compliant with British Association of Day Case Surgery (BADS).
	Ophthalmology: Scoping the potential to use Louth Hospital as an ophthalmology hub.

2024/25 plan | Diagnostics

NHS

Objectives	Projected 2024/25 position
Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%	Achieve the target of 95% of patients receive a diagnostic test within six weeks by March 2025 for eight of the nine modalities: MRI, CT, Non-Obstetric Ultrasound, Colonoscopy, Flexi-Sigmoidoscopy, Gastroscopy, Echocardiography and DEXA; all 13-week waits for these modalities will be eliminated by the end of Q1 2024/25 Audiology is unlikely to achieve the national standard across the region and is scoping what is possible. This is due to a change in guidelines for 24/25.
Improving population health outcomes and address health inequalities by increasing the availability and accessibility of services through expansion of the Grantham CDC and development of additional facilities in Lincoln and Skegness.	Grantham expansion to be completed during Q1 of 24/25. Lincoln and Skegness CDCs to go live by Q4 of 24/25.
Improve productivity and efficiency through the transformation of clinical pathways, with the provision of co-ordinated diagnostic testing and inclusion of new technology.	Implement at least one pathway through the CDC programme.

2024/25 plan | Diagnostics

NHS

Actions	
Community Diagnostics Centres (CDCs)	Complete the opening of all new and upgraded CDCs, as well as new acute imaging and endoscopy capacity • Ongoing development and implementation of the CDC facilities across the county, with ULHT being identified as a lead provider. • Continued engagement strategy to ensure that the views, opinions and insights from stakeholders are at the core of the decision-making process to improve diagnostic provision and ensure that the needs of the community and the system are met. This will contribute to the ambition to address health inequalities, as well as being aligned to the Lincolnshire Joint Forward Plan ambition to improve access and support the public in understanding how best to access services. • Continued review and interrogation of demand and activity data to ensure that diagnostic capacity is being fully utilised and flexed as appropriate to ensure the maximisation of productivity and efficiency levels in existing CDC facilities, and to support optimal locations are identified for future CDC sites. • Continued consultation and collaboration with existing and new system partners, including those from the independent sector, to ensure services are delivered effectively, efficiently and as productively as possible.
	Complete the planned digital diagnostics investments including digital pathology, LIMS and MRI acceleration, improving productivity in pathology and imaging networks
	Focus wider new capacity on specialties with significant waiting lists, seeking to implement one stop diagnostic testing ahead of first outpatient appointments wherever possible and ensuring a maximum 10-day turnaround time from referral to report for urgent suspected cancer patients
Endoscopy	Work with the system main provider to ensure that development of the new endoscopy and PET CT facilities are delivered as planned.
Electronic booking	Implementation of a 6-month trial of the SwiftQ booking process
	Implementation of the Rad Cockpit software
	Progress the bids for AI funding to trial AI software in radiology

2024/25 plan | Cancer

Objectives	Projected 2024/25 position
Improve performance against the headline 62-day standard to 70% by March 2025	Reduce number of patients waiting over 62 days to 217 by March 2025
Improve performance against the 28-day Faster Diagnosis Standard to 77% by March 2025 towards the 80% ambition by March 2026	77% by March 2025
Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028	75% target achieved
Number of people referred onto a non-specific symptom pathway	333 in 2024/25
85% of Lower GI Suspected Cancer referrals with an accompanying FIT result	85.4% in 2024/25
PFUP and remote monitoring: saved outpatient appointments reused at front end of pathways to reduce backlog and waits, improving patient experience	
New streamlined pathway for CUP patients to ensure they are not delayed in getting a diagnosis.	
Galleri Trial: Lincolnshire patients will undergo final blood test to look for cancer markers aiding earlier diagnosis.	
Targeted lung health check programme will lead to earlier diagnosis of lung cancer patients.	
Personalised care model: improving patient experience	

2024/25 plan | Cancer

Actions
Improve productivity in priority pathways; lower GI (≥80% of referrals accompanied by FIT result), skin (teledermatology) and urological cancers (nurse-led biopsy; risk-stratification tools in prostate cancer)
Establish, where not already in place, breast pain pathways and unexpected bleeding pathways for women receiving HRT, for patients who do not require a full clinical assessment on an urgent suspected cancer pathway
Ensure the transfer of funding responsibility from the Cancer Alliance to the ICB for the recurrent commissioning of key services, which underpin early diagnosis
Support the delivery of NHS-wide early diagnosis programmes, including the expansion of targeted lung health checks, by ensuring sufficient CT-guided biopsy, endobronchial ultrasound & treatment capacity; commissioning the required phlebotomy capacity to support the Multi-Cancer Blood Test Programme
Work with Cancer Alliance and providers to implement a regular demand & capacity assessment of systemic anti-cancer therapy services; ensure that provider multi-year capital plans include replacement of radiotherapy equipment
Ensure NHS screening prog workforce and diagnostic requirements are included in planning
Work with NHSE to increase screening colonoscopy capacity, by optimising symptomatic GI and screening services
Work with NHSE to increase contrast-enhanced MRI capacity for the Very High Risk NHS Breast Screening Prog
Work with NHSE to increase uptake and coverage of NHS screening programmes - including use of community diagnostic centres and women's health hubs
Specific action plans to improve performance for diagnosis and treatment standards
Implement Personalised Follow up Pathways (PFUP) with remote monitoring in further 4 pathways
Implement new (Cancer of unknown primary) CUP pathway
Finalise Galleri Trial 2024
Roll out of the targeted lung health check programme
Implement and operationalise including remote monitoring PFUP in additional tumour pathways by 2028.
Implement NHS model of personalised care and personalised care elements for all people diagnosed with cancer in Lincolnshire by 2028..
Scope, develop and commence transition of PFUP protocols and models of working to support other long term condition specialities aligning with PIFU
Scope and commence transition of personalised care models of working to support people living with other long term conditions in Lincolnshire
Colorectal HI Programme will focus on improving uptake of Faecal Immunochemical Testing in the seven most deprived practices
Scope the Economic Patient modelling (actuarial modelling) – proactive preventative care for colorectal screening

2024/25 plan | Local Maternity & Neonates System

NHS

<table>
<tr><th colspan="2">Objectives</th><th>Projected 2024/25 position</th></tr>
<tr><td rowspan="4">Continue to implement the Three-year delivery plan for maternity and neonatal services:</td><td>Listening to women and families with compassion which promotes safer care</td><td>• Perinatal pelvic health services will not be in place due to System investment.
• Perinatal mental health services are in place the number of women accessing specialist perinatal mental health services increases by 4.2%.
• Pursuing the agenda for Bereavement Services for women and families
• Maternity and neonatal services achieve UNICEF BFI accreditation. Maternity have achieved stage 2, to commence stage 3. Neonatal BFI Lead proposed awaiting outcome.
• Continue to implement equity and equality action plan.
• To ensure collaboration and progress in unison with our MNVP Leads and follow the ambition set out in the publication of November 2023. NHS England » Maternity and neonatal voices partnership guidance</td></tr>
<tr><td>Supporting our workforce to develop their skills and capacity to provide high-quality care</td><td>• Understand and work towards achieving target establishment, in-post and vacancy rates for obstetricians, midwives, maternity support workers, neonatologists, and neonatal nurses
• Monitoring staff training rates, through CNST and SBL recommendations, inclusive of NCCR and BAPM</td></tr>
<tr><td>Developing and sustaining a culture of safety to benefit everyone</td><td>• Improving scores in the NHS Staff Survey; the National Education and Training Survey and the GMC National Training Survey for midwifery, obstetrics and gynaecology
• Implementation of the National PSIRF Framework, review and adjustment of PSIRP’s to ensure maternity and neonatal oversight and transparency</td></tr>
<tr><td>Meeting and improving standards and structures that underpin our national ambition</td><td>• Improving metrics for maternal mortality, stillbirths, neonatal mortality, brain injury during or soon after birth, and preterm births
• Compliance against SBL, Maternity and Neonatal Early warning tools, implementation of The Periprem Programme and monitoring of data across services
• Implementing the recommendations related to Speciality proposed within Martha’s Rule.</td></tr>
<tr><td colspan="2">Reduction in smoking in pregnancy from 14.1% to 9.0% by 2028</td><td>Reduction in smoking in pregnancy in line with aspirations for 2028</td></tr>
<tr><td colspan="2">Increased breastfeeding rates: Increase breastmilk at first feed from 67.3% to 70% by 2028</td><td>Increasing breastfeeding rates in line with aspirations for 2028</td></tr>
</table>

2024/25 plan | Local Maternity & Neonates System

Actions		
Listening to women and families with compassion which promotes safer care	Perinatal pelvic health services will not be in place due to System investment.	
	Perinatal mental health services are in place the number of women accessing specialist perinatal mental health services increases by 4.2%.	No action for 24/25 due to system investment.
	Pursuing the agenda for Bereavement Services for women and families.	Staff training and staff and public engagement to reduce stigma and raise awareness of the team
	Maternity and neonatal services achieve UNICEF BFI accreditation.	
	Continue to implement equity and equality action plan.	Maternity achieved BFI level 2, commence Gold Accreditation. Neonates achieved Certificate of Commitment, commence Stage 1 Accreditation. Neonatal BFI Lead Business Case being proposed to help support agenda.
	To ensure collaboration and progress in unison with our MNVP Leads and follow the ambition set out in the publication of November 2023. NHS England » Maternity and neonatal voices partnership guidance	Launch and implement equity and equality strategy, work with the MNVP to reflect the ethnic diversity of the local population and reach out to seldom heard groups. Implementation of the national guidance regarding MNVP
Supporting our workforce to develop their skills and capacity to provide high-quality care	Understand and work towards achieving target establishment, in-post and vacancy rates for obstetricians, midwives, maternity support workers, neonatologists, and neonatal nurses Monitoring staff training rates, through CNST and SBL recommendations, inclusive of NCCR and BAPM Continued monitoring of CNST compliance and SBL	Workforce review to be completed with a view to increase fill rates against funded establishment by growing and retaining the maternity and neonatal workforce and continue to invest in the skills and capacity to provide high-quality care. Agree safe staffing levels for the obstetric workforce in ULHT and support them to achieve this through action on recruitment and retention. Success in compliance yearly
Developing and sustaining a culture of safety to benefit everyone	Improving scores in the NHS Staff Survey; the National Education and Training Survey and the GMC National Training Survey for midwifery, obstetrics, gynaecology, and neonates. Implementation of the National PSIRF Framework, review and adjustment of PSIRP's to ensure maternity and neonatal oversight and transparency	Understand gaps. Ensure all staff have the training, supervision, and support they need to perform to the best of their ability. Continue to develop a positive safety culture, including regular board-level review of the progress of a focused plan to improve and sustain culture. Review and adjustment of PSIRF Plans and Policy between Trust and ICB to ensure transparency and identification of themes and trends in maternity & neonatal Care

2024/25 plan | Local Maternity & Neonates System

Actions		
Meeting and improving standards and structures that underpin our national ambition	Improving metrics for maternal mortality, stillbirths, neonatal mortality, brain injury during or soon after birth, and preterm births. Compliance against SBL, Maternity and Neonatal Early warning tools, implementation of The Periprem Programme and monitoring of data across services Implementing the recommendations related to Speciality proposed within Martha's Rule.	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury. Reduce inequalities in experience and outcomes for the groups who experience the greatest inequalities. Consistently implement best practice, including the revised National Maternity Early Warning Score (MEWS) and Newborn Early Warning Trigger and Track (NEWTT-2) tools. This includes PeriPrem Programme. Constant and robust review of data relating to all KPI's of national and local interest within Maternity & Neonatal Services This also should reflect relative assurances regards implementation of recommendations from Martha's Rule.
Reduction in smoking in pregnancy in line with aspirations for 2028		Further development of the maternity tobacco dependency service.
Increasing breastfeeding rates in line with aspirations for 2028		Implementing and embedding the system Infant Feeding strategy and launch of LatchOnLincolnshire campaign to support awareness.

2024/25 plan | Children & Young People

NHS

Objectives		Projected 2024/25 position
Co-ordination of health information sharing into safeguarding children's front door Strat discussions:	Improved risk assessment and subsequent decision-making regarding children at risk of harm	• Following resource allocation decision outcome there will be a staff and service model implementation plan within a 3-6 month timeline.
Diabetes	• CYP have equal access to all care processes (December 2024.) • CYP have improved management and control of their Diabetes (March 2025)	• Reduce variation of care to ensure CYP have equal accesses to all care processes -December 2024. • Increase CYP utilising technology to manage and control their Diabetes - March 2025. • CYP with Diabetes having access to psychological support services - March 2025. • Improve awareness and health outcomes of CYP with Type 2 Diabetes - March 2025. • Pathways across primary and secondary care reviewed and updated to address gaps and/or changes in clinical guidance. March 2024- this is currently delayed revised date March 2025 • ULHT CYP Diabetes dashboard to be created so that CYP activity can be monitored and highlight any areas of concern. June 2024. • An increase in establishment of CYP diabetes services to enable increased support for CYP with diabetes; achieving care processes, education and training in schools/nurseries to support CYP with diabetes in settings
CYP Child Protection Medicals.	• Improved support for CYP who are potential victims of abuse and neglect	• Child protection medical service operational, possibly Q3 of 2025-26. • An evaluation phase will follow by latest Q4 2025-2026
Clinical Intervention in Schools Review	• CYP getting the right health, care and education, in the right place, at the right time, as close as possible to where they live	• Ensuring there is the right level of specialist clinical nurse presence as required in the Lincolnshire's 12 special schools for CYP with complex health needs, or on long-term ventilation, can attend their local special school in a clinically safe way. Model design January – June 2024, model approved by December 2024, agreed model to start phased implementation between January 2025 – subject to financial agreement.
Asthma	• 10% reduction in ED attendances due to asthma in 2024/25	• Access to diagnostic hubs and/or community spirometry and FeNO testing – date TBC • To improve the outcomes of CYP with Asthma, including difficult to manage Asthma; there will be an increase in the workforce establishment of CYP community respiratory services by March 2025. • Secondary Care Pathway reviewed - incorporating A&E, inpatient, outpatient, and discharge: December 2024 • Developing clinical asthma network to support updates and education around asthma: Date TBC • Business case developed for CYP respiratory team by ULHT - June 2024. • Implementation of NHSE National Asthma Bundle is March 2025, however awaiting new reiteration of the bundle which may extend requirements

2024/25 plan | Children & Young People

NHS

Objectives		Projected 2024/25 position
Epilepsy	• 10% reduction in unplanned admissions due to epilepsy in 2024/25	• Reduce variation in care: all CYP with epilepsy to have access to an Epilepsy Specialist Nurse, timely access to care and procedures to ensure NICE guidance compliance: December 2024. • To improve the outcomes of CYP with Epilepsy and enabling the service to be NICE guidance compliant; there will need to be an increase in the workforce establishment of CYP community Epilepsy service by December 2024 • CYP with epilepsy will have access to appropriate mental health and psychological support services by March 2025 • All CYP who meet criteria for tertiary neurology referral should have timely access to the relevant tertiary specialist with expertise in managing complex epilepsy. March 2025- Monthly outreach clinics established in Lincoln. • Improved transition between CYP and adult epilepsy services: March 2025. • Review of secondary care pathways to identify gaps in service and improve delivery of current service: June 2024. • Secondary care dashboard to be completed to support review and audit of current cases, unplanned admission numbers & treatment: June 2024
CYP Therapy Review	• Improved access to universal and targeted therapy services in the community reducing demand and pressure on the specialist therapy service.	• Review of SALT service fit-for-purpose service to meet continual higher service demand and increased complexities of CYP need with SCLN
Children's Community Nursing (CCN) Review	• Reduce unnecessary recurrent ED attendance for CYP with long-term conditions and complex health needs and disabilities. • Reduce admissions to the inpatient wards. • To provide a service model that reflects that of our local ICB's and best practice and clinical guidance to this cohort of CYP within Lincolnshire.	• The CCN service to be enabled to deliver services which are reflecting best practice and clinical guidance in utilising and implementing associated funding allocation and deliverables managed by the ICB UEC programme. • Providing an out of hours support service alongside a newly implemented quadrant team model which includes a workforce skill mix reflecting the changing needs of this cohort of CYP.
Palliative End of Life Care for Babies, Children & Young People	• Improved care provision, access, and choice of venue of death	• From April 2024 ICB's are now the accountable body for distribution of the NHSE devolvement of CYP Hospice grants in their local area. • From 24/25 financial year ICB's will allocate CYP Hospice funding, based on prevalence of use. • Commissioners are working collectively across the East Midlands to propose a commissioning model as an East Midlands system for CYP hospices and PEOLC for CYP by April 2025.
Integration of assessment processes and support for CYP with SEND.	• Better fulfilment of the SEND and Alternative Provision mission: Fulfil children's potential; improve parent/carer experience; support financial sustainability	• Mapping the full scope of required work will take place April – June 2025.

2024/25 plan | Children & Young People

Actions

Co-ordination of health information sharing into safeguarding children's front door Strat discussions
- Improve processes for the sharing of health information at multi-agency strategy discussions to ensure robust local arrangements are in place

Diabetes
- Reduce variation of care; Increase CYP utilising technology; access to psychological support services

CYP Child Protection Medicals
- Review and revise health model so it has the capacity and capability required to consistently deliver timely Child Protection medicals to required standards

Clinical Intervention in Schools Review
- Provide a robust health offer to meet the needs of CYP with SEND in Lincolnshire's 'All Needs' special schools.

Asthma
- Implementation of NHSE National Asthma Bundle; Access to diagnostic hubs, community spirometry & FeNO testing; Increased access to training for staff; Increased access to resources for CYP & families to support self-management

Epilepsy
- Improved access to: Epilepsy Specialist Nurse; appropriate mental health and psychological support services; tertiary neurology as required

CYP Therapy Review
- Develop an integrated CYP Therapy Service that provides specialist physio, SALT & OT for CYP with complex physical or speech, language & communication needs

Children's Community Nursing (CCN) Review.
- Develop new service model that reflects best practice offering an on-call service; direct nursing care and PEOL care to all children on the CCNS caseload in line with the service offers across the East Midlands. Utilisation of UEC funding to establish a quadrant team model with revised skill set/location to meet prevelance/complexity/health inequalities intelligence.

Palliative End of Life Care for Babies, Children & Young People
- Review 24/7 out of hours specialist clinical support/advice rota for professionals following pilot completion and evaluation. ICB accountable organisation for CYP Hospice funding allocation from April 2024 - East Midlands commissioning model proposal planned for year 24/25.

Integration of assessment processes and support for CYP with SEND.
- Integrating EHC SEND, Independent Placements & Continuing Care processes

Children & Young People's mental health

<table>
<tr><th colspan="2">Objectives</th><th>Projected 2024/25 position</th></tr>
<tr><td rowspan="2">CYP Mental Health Transformation</td><td>• Review CYPMH Services: Understand local needs and intelligence; identify best practice, benchmark against evidence-based best practice; CYP and Family views; current service performance - to help shape future service provision</td><td>• Completed Phases 1-4 by June 2024</td></tr>
<tr><td>• Design CYP MH Services: Using the review phase outcomes, design and agree new service models and appropriate sustainable funding</td><td>• Completed Phases 5-6 by March 2025</td></tr>
<tr><td rowspan="3">Early Intervention</td><td>• CYP counselling offer pilot: Increased access to early intervention support</td><td rowspan="3">• Increase the overall access in Lincolnshire to achieve the LTP 11,829 1+ contact target
• 35% of CYP accessing 2+ contacts with CYP MH services in Lincolnshire
• More support in education settings to increase the number of CYP in Lincolnshire with good emotional wellbeing and MH, with at least 50% coverage of MHSTs by 2025</td></tr>
<tr><td>• Digital therapy for anxiety pilot: Increased access to early intervention support</td></tr>
<tr><td>• On-going delivery and expansion of MHSTs: Increased access to low-moderate MH support in schools/colleges; More Lincolnshire CYP have good emotional wellbeing and MH, teaching them self-care skills to develop and strengthen their own emotional resilience; More CYP with early indicators of emotional wellbeing and/or MH needs are supported in their education settings and prevented from needs escalating; Reduced health & wellbeing gap to prevent further widening of inequalities</td></tr>
<tr><td rowspan="3">Community Specialist Mental Health</td><td>• Investment to reduce waiting times in community CAMHS: Reduced waiting times for specialist mental health support</td><td>• Improve waiting times so that 95% of accepted referrals are seen for assessment/support within 4 weeks
• Reduce waiting times for specialist mental health support so that no CYP are waiting more than 12 weeks for treatment</td></tr>
<tr><td>• Introduce ARFID pathway: Increased access to specialist mental health assessment and treatment for CYP presenting with ARFID</td><td>• Completed year 1 implementation plan
• Achieve 95% target for routine Eating Disorder referrals (within 4 weeks) and urgent referrals (within 1 week)</td></tr>
<tr><td>• Complex Needs Service review: Reduced risk of CYP with complex needs or behaviours escalating and negatively impacting on their life chances</td><td>• Completed stage 1 and 2 evaluation</td></tr>
</table>

2024/25 plan | Children & Young People's mental health

Objectives		Projected 2024/25 position
Urgent and Emergency Care:	• CYP mental health liaison in Lincoln and Boston: Increased access to 24/7 mental health crisis support and assessment for CYP and families	• Achieve countywide coverage of 24/7 mental health crisis support and assessment for CYP and families
	• MHUAC all-age pathway: Increase in hospital admission avoidance and shorter stays (if admission is unavoidable) for all CYP, including those with LDA; Increased access to 24/7 mental health crisis support and assessment	• Achieve countywide coverage of 24/7 mental health crisis support and assessment for CYP and families • Target 0 MH inpatient CYP with LDA, target <2 CYP GAU inpatients
	• Kooth digital online pilot: Increased access for CYP to support during MH crisis	• Complete re-procurement of online CYP MH support service
	• Crisis respite: Increase in hospital admission avoidance and shorter stays (if admission is unavoidable) for all CYP, including those with LDA	• Agree feasibility and joint-funding • Target 0 MH inpatient CYP with LDA, target <2 CYP GAU inpatients
Transitions pathways	• Seamless CYP and Adult MH transitions pathways: Improved patient journey and experience for 18-25-year-olds from CYP to Adult mental health services	• New transition protocol and transition plan completed/live

2024/25 plan | Children & Young People’s mental health

NHS

Actions

Digital

- Leverage opportunities such as digital therapy to provide more high-quality care within existing capacity in MH services

Prevention and Community Assets

- Night Light Café pilot

Early Intervention:

- Online MH support service recommissioning
- Primary care CYP MH Practitioner pilot roll-out
- Digital therapy for anxiety pilot
- CYP counselling offer pilot
- On-going delivery and expansion of Mental Health Support Teams (MHSTs)

Community Specialist Mental Health:

- Increase staffing and reduce waiting times in community specialist mental health support
- Introduce Avoidant/Restrictive Food Intake Disorder (ARFID) pathway/ CAMHS Eating Disorders
- Complex Needs Service review

Urgent and Emergency Care:

- CYP MH liaison in Lincoln and Boston
- Mental Health Urgent Assessment Centre all-age pathway
- Kooth digital online pilot
- Crisis respite

Transitions pathways:

- Ensuring transitions are seamless between CYP & adult MH services

Adult mental health

Objectives		Projected 2024/25 position
Prevention and Early Intervention	• Concordat: Inequalities are reduced; people are more responsible for their own care; disease burden is reduced. Reduction in variation of patient outcomes	Concordat plan in place; HEAT tool completed. Inequalities workstream framework agreed and progress made towards achievement of defined outcomes.
	• Crisis alternatives: Reduction in suicide rate. People better supported in communities. Improved self-efficacy. Night Light café development	Suicide prevention strategy developed and action plan in place. Night light cafes. Development plan developed.
Transformation of Community Services	• Target to deliver 4507 SMI Physical health Checks by 31/03/24	Achieve 70.4% against a target of 60%
	• Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services	7,099 for Adults and Older Adults with Severe Mental Illness supported by community mental health services
	• NHS Talking Therapies for anxiety and depression - reliable recovery	Achieve 49% against a target of 48%
	• NHS Talking Therapies for anxiety and depression - reliable improvement	Achieve 70% against a target of 67%
	• NHS Talking Therapies for anxiety and depression - reliable improvement (denominator - patients discharged)	Achieve 8,520 against a target of 8,912
	• Women Accessing Specialist Comm. Perinatal MH Services	697, in line with Lincolnshire's birth rate
Mental Health Urgent and Emergency care	• Reducing number of people with Mental ill health needing to attend A&E, primary care and secondary MH services	Crisis review underway.111 MH option service in place and data being collected to review. Crisis Text service developed.
Inpatient services	• More people supported within Lincolnshire	3-year strategy developed
	• Reduced inappropriate adult acute bed days out of area.	Zero in 2024/25

2024/25 plan | Adult mental health

Actions	
Equality	• Implement the patient & carers race equality framework (PCREF) by the end of 2024/25, including governance & reporting
Workforce	• Work closely with ICS partners, including primary care, provider collabs and VCSE sector, to develop & deliver a workforce plan that supports the system's MH & NHS Long Term Workforce Plan growth ambitions. (including retention, productivity and supervisory & placement capacity)
Prevention and Early Intervention	• Roll out of the Mental Health Prevention Concordat Plan
	• Continued development of alternative MH crisis provision. and Holistic health for the homeless expansion
Transformation of Community Services	• Increased investment into community-based provision targeting those areas most in need around suicide prevention and adult mental health and wellbeing; development of a MH VCFSE strategy – to build resilience and generate volunteering opportunities; continued investment into primary care roles and supporting locality mental health team provision; increase workforce and improve pathways for IPS/EIP services; continued growth of CRT and PACT services countywide; further development of the adult eating disorder pathways; developing local model for SMI Health checks
	• Review community services by Q2 2024/25 to ensure clear procedures in place for patients with SMI, who need intensive community treatment & follow-up but engagement is a challenge
Mental Health Urgent and Emergency care	• MH UEC Pathways review and CRV provision;
	• 111 option 2 service Provision
	• Boston Liaison service
	• Options appraisal/business case for East Coast provision
	• Right Care Right Person (RCRP) Programme
Inpatient services	• Improve patient flow & reduce average LOS in adult acute MH wards, using 10 high impact actions
	• Publish system's Strategic Plan for Mental Health Inpatient Services 2024-27 by June 2024
	• Continuing to monitor the need for out of area provision and reviewing local inpatient services to improve quality and access for those needing it. Introducing additional roles to ensure therapeutic provision is available
Access	• Increasing the capacity/productivity of these services: NHS Talking therapies; Perinatal Services; Neuropsychology: Remote assessment pathway; Psycho-oncology; ME/CFS Pathway
Digital & Data	• Embed digital technology to transform MH care pathways, provide more personalised and joined-up care, improve clinical productivity, and support improvements in access, waiting times & outcomes - including optimising electronic patient records & increasing digital maturity
	• Improve timeliness & quality of MH activity, outcomes and equality data to evidence the expansion and improvement of MH services, and the impact on population health - including improving data flows into the MHSDS from partner orgs, including primary care & VCSE sector
	• Leverage opportunities such as digital therapy to provide more high-quality care within existing capacity in MH services

Dementia

NHS

Objectives		Projected 2024/25 position
Prevention agenda	• Support the Increase in Health Check 5 year (50-65)	Over (50%)
	• Reduction in people with MCI and Memory and Cognitive Problems	
Dementia Diagnosis & Care	• Increase in the dementia diagnosis rate for Lincolnshire	Achieve the target of 66.7%
	• Improve the dementia diagnosis rate in practices in the Rural Group	80% and over
	• Reduce the disparity in diagnosis between the 4 localities	Achieve the target of 66.7%
	• Follow up and identify those with an MCI (Memory and Cognitive Problems)	Above the England rate (12.6%)
	• Follow up and identify those with Memory and Cognitive Problems (50-65)	Above the England rate (12.6%)
	• Reduction in Anti-Psychotic Prescribing	Below the England average (8.9%)
	• Increase in people with an advanced Care Plan and Respect form.	Year on year increase above England average (35.60%)
	• Increase in the number of Medication Reviews	Maintain performance in line with or above the England average (32.1%)
	• Increase in the number of Dementia Care Plans	Maintain performance in line with or above the England average (59.9%)
	• Palliative Care (% of registered Dementia)	In line with or above England average (18%)
	• Increase in those with dementia diagnosed in Nursing Homes	In line with or above the England average of (8.1%)
	• Increase the ethnicity data capture of those with a dementia diagnosis	In line with Midland's average (0.2%)
Memory Assessment Service	• Decrease of average time to assessment	Year on year reduction over 5 years to achieve the average time to 2 weeks
	• Decrease in the average time to diagnosis.	Year on year reduction over 5 years to achieve the average time to 6 weeks
	• Reduction in waiting list	Year on year reduction over 5 years to achieve the average waiting list of 200
	• Improve the outcomes, access and experience for people accessing the service	

Dementia

NHS

Actions	
Dementia Strategy development	• This will have a key focus on prevention of avoidable cases of dementia; improving experience of people being diagnosed and living with dementia; championing participation, innovation and research
Prevention agenda	• Increase investment in prevention in Lincolnshire; aimed at raising awareness of the importance of good brain health across all age and reducing the risk of dementia. Ensuring we address inequalities in the risk factors for dementia & give everyone who needs it the chance to access support to be active, eat well, continue to learn, and to stay connected.
Improve Dementia Diagnosis & Care	• Improve the dementia diagnosis rate – supporting PCNS/practices with case finding, and coding dementia diagnosis
	• Promoting use of the Diagnosis Advanced Dementia Mandate Tool as part of the primary care dementia pathway for patients with advanced/severe presentation of dementia in care homes
	• Primary care support to ensure all people diagnosed having a care plan and care plan medication review in the preceding 12 months.
Memory Assessment Service	• Move toward a stand-alone MAS model to improve the dementia diagnosis rate for Lincolnshire and reduce waiting times for memory assessments • Develop action plan and model for the approved standalone memory service and phased recruitment to the service • Provision of memory clinics in GP practices where required to support assessments
Complex Dementia – managing challenging behaviour (all settings)	• Implement the role of Dementia ambassadors in care homes
	• Ensure the appropriate use of antipsychotic medication - Audits across primary care and care homes to identify where and why medication was initiated, frequency and quality of mediation reviews.
	• Review & develop education and training programmes for supporting people with dementia and improve access for carers and care professionals • Develop a competency framework that includes mandatory training and is sustainable and available to health and care staff.
	• Secondary care BPSD Pathway – aligned to PC pathway. Updating pathways and non-pharmacological options/actions.
Palliative and End of life Care (PEOLC)	• Explore how we can adopt elements of the Derbyshire toolkit to strengthen the PEOLC offer for people with dementia.
	• Enhanced Health in Care Homes is dedicated to improving PEOLC for people in care homes of which dementia patients are covered. • Training programmes support staff and carers

Learning Disabilities & Autism

Objectives		Projected 2024/25 position
Primary Care	• Ensure 75% of people aged 14 and over on GP learning disability registers receive an annual health check in the year to 31 March 2025	Achieve 85% against a target of 75%
Inpatient Care	Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, to the target of no more than 30 adults or 12–15 under 18s for every 1 million population	28 adults 1 Under 18
Physical Health Liaison Pathway	• Reduction in health inequalities for LDA citizens.	
	• Improved quality of annual health checks.	
	• Reduced (Inappropriate) demand on emergency departments and acute hospital admissions	
Virtual Autism Hub	• Reduce health and societal inequalities experienced by autistic people and their families/carers	
	• Represent the voices and views of an underheard community in Lincolnshire and ensure this cohort of the population are fairly represented.	
	• Providing employment opportunities within the hub, which can have positive impact on individuals' mental health.	

Learning Disabilities & Autism

Actions	
Equality	• Support use of the reasonable adjustment digital flag to reduce the health inequalities of people with a learning disability and autistic people
Primary Care	• Improve the accuracy and increase the size of GP learning disability registers
	• Ensure that each learning disability annual health check is accompanied by a health action plan
Community Care	• Reduce admissions of autistic people into mental health inpatient care and increase discharges into community settings
	• Continual review of the Dynamic Support Register which informs all age admission avoidance where clinically appropriate
	• Service transformation review focussing on urgent care & community support
	• CYP key workers.
Inpatient Care	• Continue to discharge people with a learning disability with the longest lengths of stay into community settings and reduce the number of people with a learning disability in hospital
	• Sensory environment work within the wards
Autism	• Improve autism diagnostic assessment pathways through the national framework
	• Develop and mobilise a new ADHD pathway
	• Develop and mobile the CYP Autism Diagnostic pathway
	• Mobilise the Lincolnshire Virtual Autism Hub
	• Neurodivergent Pathways: Review Tics Tourette's and Functional Neurological Disorder and Acquired Brain Injury pathways. These are currently OATs with services commissioned on a spot purchase basis – evaluate both the CYP and Adult OATs panels in 2024/25 to determine whether this meets the needs of Lincolnshire citizens or whether cases for change are required
	• Development of all age community support for Lincolnshire Autistic Community and family/carers
Workforce	• Develop integrated, workforce plans for the learning disability and autism workforce (using the 2022/23 workforce baseline to inform plans)
	• Ensure training includes role-appropriate LDA training, in line with the Oliver McGowan Code of Practice; support uptake of wider LDA workforce initiatives (e.g. National Autism Trainer Programme)
Quality	• Physical Health Liaison pathway: provide hospital and community staff with training on the support needs of patients with LD
	• Purple light Epilepsy toolkit benchmarking
	• Lincolnshire LeDeR programme (Learning from Lives and Deaths - people with a learning disability and autistic people
Accomm-odation	• Develop a short-term plan and accommodation strategy to inform accommodation requirements and procurement for the LDA programme
	• Submit the NHSE Capital bid for 5/6 units of specialist LDA accommodation
	• Implement Section 17 pilot as part of the accommodation strategy as a proof of concept model

Medicines Optimisation

NHS

Objectives	Projected 2024/25 position
• Better use of NHS resources	
• Reduction in prescribing of targeted self-care products.	
• More services provided to patients at their local community pharmacy to improve access	
• Supporting patients with their medicines following discharge from hospital	
• Improved compliance with formulary and local prescribing guidelines	
• Reduce multi-drug resistant infections, reduction in number and length of hospital stays	
• Reduce medicines-related harm to patients	
• Improved patient clinical outcomes through improved availability and distribution of aseptic products	
• More equitable access to pharmacy professionals for advice and drug supply	

Medicines Optimisation

NHS

Actions	
Primary care prescribing cost efficiencies	• Optimise medicine value through: reviewing prescribing data and action plans; addressing unwarranted variation; delivering at least 5 of the national medicines optimisation alongside local priorities
	• Primary care cost efficiencies: Identifying opportunities, implementing change through medicines optimisation enhanced scheme for primary care prescribing
Community Pharmacy Integration	• Discharge Medicine Service
	• Pharmacy First • Oral Contraception
	• Blood Pressure Check Service
	• Smoking Cessation Advanced service
	• Palliative care drug stockist scheme
MO integration across the system	• Engagement with practices
	• Primary/secondary care interface
Secondary Care Procurement	• Obtaining secondary care medicines in line with NHS England commercial medicines framework agreements
Biosimilars	• Implementation of biosimilar switch policy/protocol
	• Increasing pace of uptake of biosimilar products for priority molecules to a minimum of 80% within 6–12 months
Antimicrobial Stewardship	• Combat antimicrobial resistance (AMR) in line with the UK 20-year vision for effective containment, control and mitigation of AMR (particularly WHO watch & reserve categories)
	• Analysis of prescribing data and sharing PCN data packs;
	• Engagement of prescribers across the system
Quality and Safety	• Establish Medicines Safety Network;;; Ensure the safe prescribing of valproates
	• Strengthen Local Intelligence Network around the management and use of controlled drugs
	• Promote safe prescribing & deprescribing of opioid medication
Aseptic production	• Develop a pharmacy aseptic hub to supply aseptic medicines beyond ULHT into the wider ICS and region
Anti-depressant reduction	• Upskilling prescribers
	• Identifying patients in primary care for reduction
	• Ensure new prescriptions in line with good practice standards and system guidelines
Pharmacy Workforce	• Marketing and attraction
	• Recruitment
	• Training and placements
	• Career mapping

2024/25 plan | People & Workforce

Objectives	Projected 2024/25 position
• Improve the working lives of all staff and increase staff retention and attendance through systematic implementation of all elements of the People Promise retention interventions	*Sickness at March 2025* ULHT: 5.5% LCHS: 4.3% LPFT: 4.6% ICB: 4.6% Turnover *at March 2025* ULHT: 9.0% LCHS: 10.8% LPFT: 10.1% ICB: 9.5%
• Improve the working lives of doctors in training by increasing choice and flexibility in rotas, and reducing duplicative inductions and payroll errors	Metrics to be developed
• Provide sufficient clinical placements and apprenticeship pathways to meet the requirements of the NHS Long Term Workforce Plan	Funding to be confirmed; Metrics to be developed
• Reduce agency spending across the NHS, to a maximum of 3.2% of the total pay bill across 2024/25	Achieve the 3.2% target
• Medical productivity increased through effective job planning	Metric to be developed
• LCHS Apprenticeship Centre embedded as a revenue generating unit	Extension to incorporate ULHT Talent Academy currently being scoped – implementation timescales to be confirmed

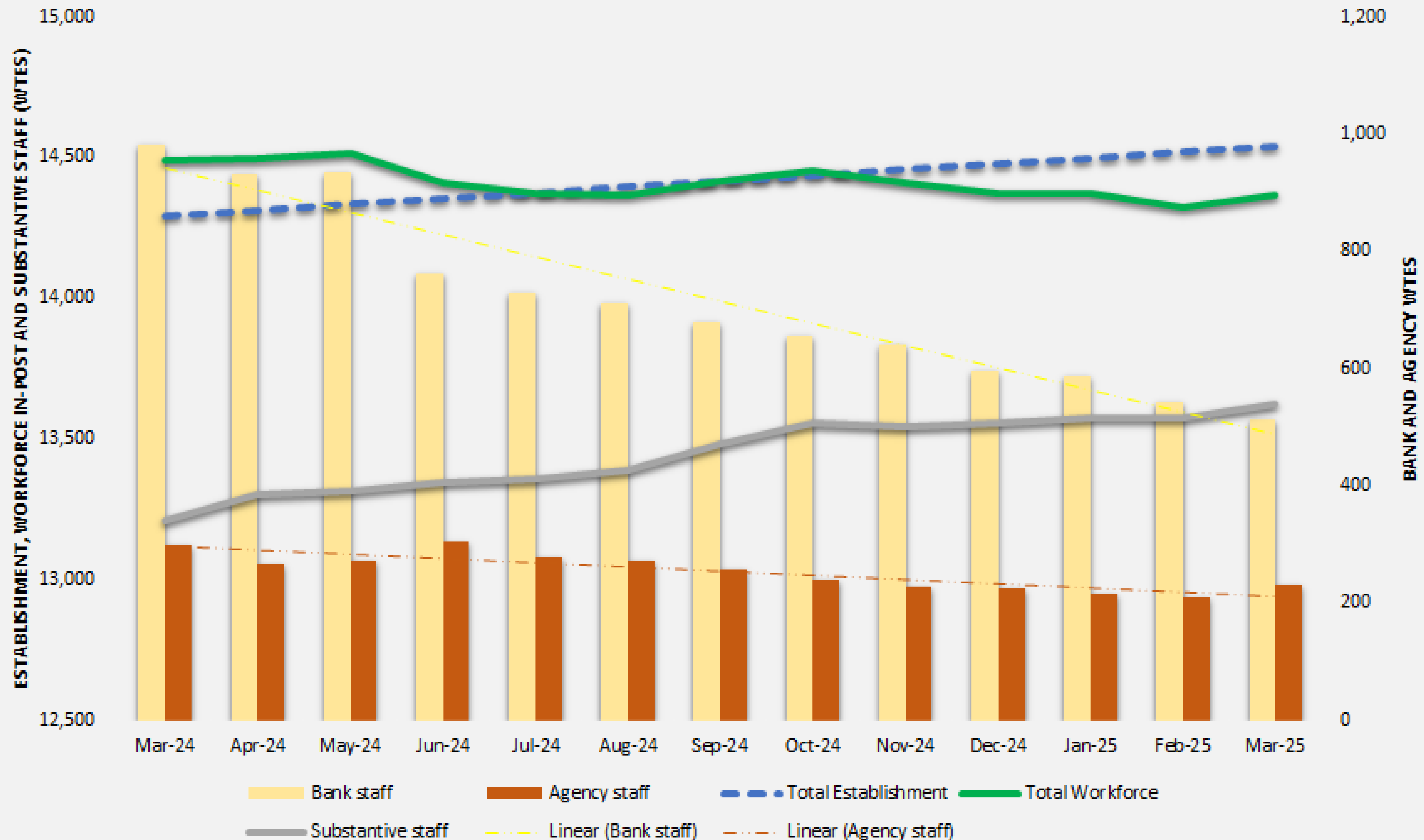
2024/25 plan | People & Workforce

Actions	
Value our People	• Provide work schedules in advance, with compassionate on-call rostering & leave request management
	• Implement the growing occupational health and wellbeing strategy and the improving attendance toolkit to improve sickness absence; Develop and launch system-wide occupational health & wellbeing services
	• Work together across the system to deliver against the six high impact actions set out in the equality, diversity and inclusion improvement plan for the NHS
	• Commit to the 10 principles and actions of the sexual safety charter and act on the feedback to the NHS Staff Survey
	• Embed a compassionate culture built on civility, respect and equal opportunity through inclusive recruitment, Just Culture, Allyship and system level networks
Grow our People	• Complete the clinical expansion planning process and agree plans by clinical profession with NHSE England to ensure alignment with system strategies and NHS Long Term Workforce Plan ambitions
	• Work with NHSE to plan for the necessary workforce expansion in every system from 2025, and utilise the education tariff to implement the Educator Workforce Strategy
	• Widen access of opportunities to people from all backgrounds and in underserved areas to join the NHS through apprenticeships.
	• Engage with higher education institutions to support students, placement capacity and maximise accreditation of recognition of prior learning (RPL)
	• Adopt new recruitment practices and systems in line with the national overhaul
	• Embed strategic workforce planning through enhanced systems & processes
Develop our People	• Align with the latest Core Skills Training Framework by the end of June 2024 and implement the free eLearning for Healthcare packages and shorter e-assessments by end of October 2024
	• Fully implement the Fit and Proper Person Test framework and guidance including adoption of the leadership competency framework for board members
	• Deliver our share of the agreed increase in education places in 2024/25 for nursing associates, advanced clinical practitioners and physician associates. This includes ensuring sufficient, high-quality clinical placement and educator/training capacity
	• Increase placement capacity & experience to support increased training places
	• Develop multi-professional, system-based rotational clinical placement models
	• Agree the system level Leadership Development & Talent framework
	• Fully embed digital technology in training pathways

2024/25 plan | People & Workforce

Actions	
Retain our People	• Implement the Retention Hub actions: undertake the retention self-assessment tool; implement the 5 High Impact Actions for all staff; use Model Health System Retention Compartment to benchmark and learn; engage in the national People Promise Communities of Practice
	• Continue to embed the People Promise elements to enhance staff experience
	• Agree and publish a consistent system-wide benefits offer
	• Continue to focus on flexible working as a means of retaining our staff
	• Work with specific staff groups/network through pilot projects
	• Continue to strengthen our pastoral care for international recruits
Use of resources	• Conduct a workforce establishment review and develop action plan to improve workforce productivity; ULHT to use national diagnostic tool
	• Adopt best practice workforce deployment processes and tools, including e-rostering and e-job planning, and improve meaningful use standards attainment
	• Reduce temporary staffing costs and increased use of collaborative temporary staffing approaches across systems – using the NHS reserve contingent staffing model
	• Improve agency price cap compliance and eliminate off-framework agency use – by July 2024, end the use of all off-framework agencies (Apr-Jun - all off-framework use signed off at CEX level
	• Collaborate and share data on agency pay rates – making use of the supporting toolkits

2024/25 plan | People & Workforce



Substantive Post Growth +415.4 WTE

- Registered Nursing +173 WTE
- Scientific, Therapeutic and Technical +76.9 WTE
- Support to Clinical +11.2 WTE
- NHS Infrastructure Support +142.7 WTE
- Medical and Dental +11.6 WTE

Agency reduction -67 WTE
Bank reduction -472.4 WTE

Net Growth = -124 WTE

- All plans are based on funds available and may change subject to confirmation of investment (both locally and nationally).
- All plans have been internally triangulated with Finance and Activity for the current levels of investment
- The system will be continuing its vacancy control measures post 1 Apr 24, which will include the ICB
- The implication of the Long-Term Workforce Plan will need to be further considered

Digital, Data and Technology

NHS

Objectives	Projected 2024/25 position
• Improved decision making across pathways of care, improving patient outcomes and use of resources	Increase adoption and use of Lincolnshire Care Record
• The population will be supported in keeping well, avoiding admissions, accessing health and care services only when needed making best use of resources and supporting choice and access and reducing health inequalities.	Promote uptake of NHS App
• Avoiding breaches of information including patient information, recovery costs and reputational damage	ICS cyber strategy and plan to be created
• Provide the infrastructure that enables a modern, mobile workforce and patients to access online services.	Improvements to technical infrastructure
• Reducing the need for travel and making more efficient use of resource and expertise across geographical areas in the context of rising demand	Pilot of remote monitoring technologies to support virtual wards
• Improve processes through speed and efficiency, freeing up staff to deal with more complexity	Increase use of automation capabilities
• Ensuring that at the end of the Optum contract, access and ongoing development of the joined intelligence dataset does not cease	Skills transfer in relation to maintenance and support of joined intelligence dataset and understanding of future requirements of reporting suite
• Informs a system level decision on where information needs to be captured, how it is shared to support PHM, health and care delivery, and reporting	Develop an information strategy. Understanding of software requirements to support social prescribing.
• Ability to manage information that supports third sector support into health and care and social prescribing	Customer Relationship Management software fully adopted in LCVS, providing insights into demand for services in third sector.

Digital, Data and Technology

NHS

Actions
• Level up digital maturity of providers, across all sectors. Full business cases to be produced to support implementation of Electronic Patient Record in all trusts.
• Use the latest What Good Looks Like digital maturity assessment to ensure improving adherence to digital leadership standards and deliver a smart foundation for basic digital infrastructure
• Support activity within the NHS Research Secure Data Environment Network, leveraging nationally co-ordinated investment in the Sub-National Secure Data Environment teams
• Work with the national FDP team to align data architecture and consider the potential of the FDP in planning investments
• Connect services to and champion use of the NHS App and website as the digital front door to the NHS
• Digital Social Care Record implementation
• Improve adoption and use of Lincolnshire Care Record
• Produce ICS cyber strategy including high level system plan
• Improve technical infrastructure
• Develop framework to assess and address digital skills readiness (staff or population)
• Technology enabled care (remote monitoring, virtual wards, etc)
• Robotic Process Automation
• Use operational data to provide intelligence at a system level
• Handover of maintenance and support of the reporting platform from external arrangements
• Determine requirements for social prescribing digital solution
• Delivery of Customer Relationship Management system in Lincolnshire Community and Voluntary Services

2024/25 plan | Estates and Greener NHS

NHS

Objectives	Projected 2024/25 position
• Develop a ten-year ICS Infrastructure Strategy	Strategy will be published by 31/07/24
• Meet the Statutory obligations pertaining to sustainability and the Greener NHS	
• Deliver the targets for 2024/25 as set out by Greener NHS	
• Refresh Greener NHS Plans	Agreed plans published – guidance and deadlines yet to be published

2024/25 plan | Estates and Greener NHS

NHS

Actions	
Infrastructure Strategy	• Infrastructure Strategy being developed across NHS and reported into Lincolnshire Strategic Infrastructure and Investment Group Stakeholder workshop to support prioritisation 14/06/24; Drafts to be shared in early July for internal discussions; ICB Board to approve publication by 31/07/24
	• Statutory 2024/25 NHS Standard Contract Sustainability requirements:
Medicines	• Reduce emissions from nitrous oxide and mixed nitrous oxide waste by 9-14% in 24/25 against the 23/24 baseline – implementing actions from the revised nitrous oxide waste reduction toolkit (expected Q1). • Reduce emissions from inhalers by 6-7% in 24/25 against the 23/24 baseline by rolling out the principles of high-quality low carbon respiratory care.
Estates	• Understand the maturity of Heat Decarbonisation Plans (HDPs) across all trusts, using the HDP maturity matrix. • Where appropriate, undertake targeted engagement focusing on *at least one* of the following areas o Engaging trusts with no HDPs in development to develop a Stage 1 HDP (signposting Collaboration Hub & regional energy hub resources). o Supporting application(s) to the Low Carbon Skills Fund, to ensure a pipeline of robust future PSDS applications. o Ensuring all trusts with oil boilers have developed plans for their removal and are applying to relevant funding opportunities. o Engaging and supporting trusts subject to UK Emissions Trading Scheme penalties to develop plans to reduce energy emissions in line with future targets.
Travel and Transport	• Ensure the region's owned and leased fleet is made up of >90% Low Emission Vehicles by March 2025. Including, 11% of the fleet being made up of Ultra-Low Emissions (ULEV) & Zero Emission Vehicles (ZEV). • 100% of trusts to complete a staff travel survey at least every 24 months, and ideally annually. • 100% of trusts to be delivering 3 or more schemes/interventions to support modal shift • Engaging with local authority/transport authority, to explore funding opportunities, & deliver at least one SMART sustainable travel objective.
Supply Chain	• Support trusts & ICBs to implement the 2024 Net Zero Supplier Roadmap requirements (compliance with CRP or NZC requirement for all contracts over procurement thresholds).
Building connections and embedding greener priorities	• Continue to build networks, share best practice and embed Greener NHS priorities across regional and system structures and leadership, including by supporting delivery of Green Plans
Net Zero clinical transformation	• Work collaboratively with the central NZCT team, next year's CSO clinical fellow to support the implementation of a clinical project from a shortlist provided by NZCT
Workforce	• Increase uptake of core GNHS training offers by key staff groups (e.g. leaders, clinicians in high-volume specialties, procurement and finance leads). • Support the design & delivery of a national competition to support adoption & spread of training. • Embed net zero in the complete staff journey, from job descriptions & inductions to objectives & appraisals

2024/25 plan | Quality & Safety

NHS

Objectives	Projected 2024/25 position
• Implement the Patient Safety Incident Response Framework (PSIRF)	Patient Safety Incident Response Framework will be implemented – achieved April 2024 The National Patient Safety Incident Response Framework (PSIRF) is a contractual requirement from the 1st April 2024 for all providers with an NHS Standard Contract.
• Evidence of embedded Quality and Equality Impact Assessments (QEIA) as part of financial and operational planning	Will be able to evidence within planning processes

Actions	
• Embed processes to support learning from implementation of PSIRF	The aim of the PSIRF is undertake learning from Patient Safety Incidents from both an organisational and wider system level enabling learning to be shared across the wider system. LICB will oversee the delivery of the 4 PSIRF objectives of: • Compassionate engagement and involvement of those affected by patient safety incidents • Application of a range of system-based approached to learning from patient safety incidents • Considered and proportionate responses to patient safety incidents • Supportive oversight focused on strengthening response system functioning and improvement LICB process is in place for reviewing and approving provider PSIRF plans and policies and the ICB will provide oversight of implementation of organisation's patient safety incident response plans, ensuring processes are in place for review, including re-engagement of stakeholders. Establishment of organisation specific processes for disseminating learning and the establishment of a Lincolnshire Wide Learning Forum, which will provide a forum through which learning/themes from patient safety incident responses (including complaints and litigations) can be shared.
• Embed a robust quality and equality impact assessment (QEIA) process as part of financial and operational decision-making	• Confirmation of QEIA processes in place within NHS Trusts and ICB for both cost improvement and investment decision making • Confirmation of QEIA processes in place within NHS Trusts and ICB for service and pathway redesign • Confirmation of governance reporting within organisations and at system level • Evidence QEIAs through organisation and system financial and operational decision-making processes
• Use the new Learn From Patient Safety Events (LFPSE) service	• Assurance has been provided to NHSE regarding implementation of LFPSE. NHS Trusts have fully transitioned to LFPSE and for other providers they are using a mixed approach of automatic upload from local risk management systems or direct inputting into the Learning from Patient Safety System. • NHS Trusts use their local risk management system which is linked; for smaller providers there is access to LFPSE to extract data. This data will be used to inform local learning and this will be enhanced as the Report Generater is further developed by NHSE • Elements of the LICB hold LFPSE administrator accounts which will allow for generation of reports collating information from the approximate 7k reported incidents per quarter in the Lincolnshire system. Themes from this information will be used for reporting through ICB and System quality governance arrangements and inform priorities for learning forums. • Roll-out of access to additional teams such as safeguarding and IPC will be considered as NHSE develop the LFPSE Report Generator

2024/25 plan | Quality & Safety

NHS

Actions	
• Support the uptake of training under the NHS Patient Safety Syllabus	• Comprehensive training programmes are in place for the 3 Lincolnshire NHS Trusts which includes training via ESR and bespoke commissioned programmes. • Providers headquartered in Lincolnshire have been actively engaged in Lincolnshire's PSIRF work which has included an element of training and development. • Intention is to develop processes for reporting of training compliance that will feed into quality oversight arrangements • LICB will engage in organisation and system learning forums to establish impact of training undertaken
• Appointing ≥ 2 patient safety partners to safety-related governance committees	• The 3 Lincolnshire NHS Trust have all recruited a minimum of 2 patient safety partners • LICB has engaged with a local NHS Trust to support development of ICB recruitment process to align with NHSE requirements, with the intention of completing recruitment in 2024/25 • A Lincolnshire wide patient safety forum will be established to include all patient safety partners within the system to provide opportunity to share training and development; learning opportunities; and challenges of the role.

2024/25 plan | Use of resources

Objectives	Projected 2024/25 position
Deliver a balanced net system financial position for 2024/25	Balanced financial plan
Reduce agency spending across the NHS	Maximum of 3.2% of the total pay bill across 2024/25
Publish a Joint Capital Resource Use Plan	Published by 28/06/24
Reducing waste to support the balanced net system financial position	£84.7m of efficiencies delivered in 2024/25

Actions

- Deliver the actions in the sections above regarding system flow, elective, cancer & diagnostics *[covered in the UEC, Planned Care & Diagnostics and Cancer sections]*
- Implement best practice models in community services to improve patient outcomes & secure better value (e.g. care of leg ulcers) *[covered in the Primary Care, Communities & Social Value section]*
- Leverage opportunities such as digital therapy to provide more high-quality care within existing capacity in MH services *[covered in the Mental Health sections]*
- Reduce low value interventions in line with EBI guidance: review of community surgery – compliance with ICB's Prior Approval Policy
- Conduct a workforce establishment review and develop action plan to improve workforce productivity; ULHT to use national diagnostic tool *[covered in the People & Workforce section]*
- Adopt best practice workforce deployment processes and tools, including e-rostering and e-job planning, and improve meaningful use standards attainment *[covered in the People & Workforce section]*
- Reduce temporary staffing costs and increased use of collaborative temporary staffing approaches across systems – using the NHS reserve contingent staffing model *[covered in the People & Workforce section]*
- Improve agency price cap compliance and eliminate off-framework agency use – by July 2024, end the use of all off-framework agencies (Apr-Jun - all off-framework use signed off at CEX level *[covered in the People & Workforce section]*
- Collaborate and share data on agency pay rates – making use of the supporting toolkits *[covered in the People & Workforce section]*
- Optimise all-age continuing care placement pricing - standardised complex care specs
- Optimise medicine value through: reviewing prescribing data and action plans; increasing adoption of new generics and biosimilars for priority molecules to a minimum of 80% within 6–12 months; delivering at least 5 of the national MO opps alongside local priorities *[covered in the Medicines Optimisation section]*
- Reduce the cost of running corporate services per £100m turnover – Corporate Transformation Steering Group reviewing all areas of corporate expenditure & identifying efficiency opportunities
- Optimise energy value by channelling demand through a new national CCS contract
- Drive procurement efficiencies - NHS Supply Chain & Host Accredited Framework List
- Deliver the Financial Recovery Plan programme

2024/25 plan | Use of resources

£'m	
ICB Allocation	**1,827**
ICB Expenditure	0
Acute Service Expenditure	(902)
Mental Health Service Expenditure	(218)
Community Health Service Expenditure	(197)
All-age Continuing Care Service Expenditure	(68)
Primary Care Service Expenditure	(180)
Other Programme Services	(6)
Other Commissioned Services	(7)
Primary Medical Services Expenditure	(162)
Delegated Primary Care Expenditure	(63)
Reserves / Contingencies	(6)
Running Costs	(12)
Total ICB Expenditure	(1,822)
Total ICB Net Position Surplus/(Deficit)	**5**
Total ICS Net Position Surplus/(Deficit)	**0**

Provider Adjusted Financial Performance	**Total**	LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST	LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST
Income	**1,103**	**138**	**179**	**786**
Pay	(749)	(101)	(140)	(508)
Non-Pay	(352)	(38)	(36)	(278)
Non operating income and expenditure	(10)	1	(1)	(10)
Other adjustments to get to adjusted financial performance	2	0	0	2
Total Provider Adjusted Financial Performance Surplus/(Deficit)	**(5)**	**0**	**2**	**(7)**

N.B. The table above summarises the system financial plan submitted to NHS England on 12/06/24. Since the submission of the plan, the ICB has received additional allocation covering additional expenditure across most areas